

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/12/03 2 Serial/Patent # 09/916,608

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	7	5/15/03	\$ 1,300.00							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 1,300.00								
		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Treasury Check										
<input type="checkbox"/>	Credit Deposit A/C #:										
<input checked="" type="checkbox"/>	9 <table border="1" style="display: inline-table;"><tr><td>0</td><td>2</td><td>--</td><td>2</td><td>6</td><td>6</td><td>6</td></tr></table>			0	2	--	2	6	6	6	
0	2	--	2	6	6	6					
10 REASON:											
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	9 <table border="1" style="display: inline-table;"><tr><td>0</td><td>2</td><td>--</td><td>2</td><td>6</td><td>6</td><td>6</td></tr></table>		0	2	--	2	6	6	6
0	2	--	2	6	6	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
137(f) petition dismissed as moot											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Cliff Cungo</u>		TITLE: <u>Petitions Attorney</u>									
SIGNATURE: <u>Cliff Cungo</u>		PHONE: <u>305-0272</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCIAL USE ONLY *****											
APPROVED: <u>Davy Kahl</u>		DATE: <u>6/13/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B